

CHECK # 101

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F54977

1. Corporation Name

GARCIA & GARCIA CONSTRUCTION CORP.

Principal Place of Business

8640 SW 16th St.
Miami, FL 33155

Mailing Address

8640 SW 16th St.
Miami, FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Guillermo P. Garcia	8640 SW 16th St.	Miami, Florida 33155

8. Name and Address of Current Registered Agent

Carlos J. Garcia
12800 N.W. 90th Ave.
Reddick, FL 32686

9. Name and Address of New Registered Agent

Name: Guillermo P. Garcia
 Street Address (P.O. Box Number is Not Acceptable): 8640 SW 16th Street
 Suite, Apt. #, Etc.:
 City: Miami
 State: FL Zip Code: 33155

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/9/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐ No ☒(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.04(1) or 617.04(1), F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Guillermo P. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/99

(305) 261-6813

Daytime Phone: F

FILED
99 MAY 12 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

93-78
5/12/994. Date Incorporated or Qualified
To Do Business in Florida 19825. FEI Number
59-2156444Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status800002885368--9
-05/25/99-01038--003
***1658.75 ***1658.75

CP2E081 (2/98)